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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/517,718 12/10/2004 Jorma Haag TAMPPAT-12 5618 TIPLE OF INVENTION: RELIEF CYLINDER STRUCTURE OF A MULTINIP CALENDER						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/10/2008
EXAMINER ART UNIT		CLASS-SUBCLASS	}			
NGUYEN, JIMMY T 3725		100-161000	•			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Metso Paper, Inc. Helsinki, Finland Rese check the appropriate assignee category or categories (will not be printed on the patent):						
The following fee(s) as Tal Issue Fee Tal Publication Fee (No	small entity discount p		 D. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5 0 - 2663 (enclose an extra copy of this form). 			
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{D} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \\ \text{D} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \\ \text{NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the accepted from anyone other than the applicant.} \]						
Authorized Signature	cords of the United Sta	tes Patent and Trademark	Office.	_	ecember 11	
Typed or printed name Patrick J.G. Stiennon Registration						
Arexandria, Virginia 2231.	3-1430.		on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO			by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450,
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